

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10800611

FILING DATE

3-15-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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37	1					
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39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	17					
TOTAL CLAIMS	21					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						